



Recruitment Brief for Non-Executive Director

BSMHFT
May 2015

1. Trust Information

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) provides mental health care services to for residents of Birmingham and Solihull, and to communities in the West Midlands and beyond. We operate out of more than 50 sites and serve a culturally and socially diverse population of 1.2 million spread over 172 square miles, have an annual budget of £240 million and a dedicated workforce of over 4,000 staff – making this one of the largest and most complex mental health foundation trusts in the country.

Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings and unemployment. These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas.

As a foundation trust we have greater financial flexibility, allowing us to provide even better services and to involve our local communities in the bigger healthcare decisions that we make. It helps us to actively engage our staff in shaping how the Trust is run, make sure the views of our service users, their carers and families are central to everything we do, and better understand the different needs of our diverse communities to create services more in tune with local needs.

The Trust was inspected in May 2014 as part of the CQC's comprehensive wave two pilot mental health inspection programme. Overall the Trust was rated as 'Good' and was the first mental health trust to receive this rating. Our Trust was one of only four Trusts subsequently highlighted in the CQC report 'Celebrating good care, championing outstanding care' published in March 2015.

Our purpose is 'Improving mental health wellbeing'. We have established core values around:

- Honesty and openness
- Compassion
- Dignity and respect
- Commitment

Our strategic ambitions are to

1. Continuously improving quality by putting patients at the heart of everything the Trust does to deliver excellence
2. Developing strong, effective, credible, sustainable relationships with key stakeholders, building the Trust's reputation
3. To be well-led, effective and informed organisation
4. To have a workforce that is innovative, empowered, engaged, fairly rewarded and motivated to deliver the strategic ambitions of the Trust
5. To achieve long-term financial sustainability

Chair: Sue Davis, CBE

Chief Executive: John Short

PALS Patient Advice and Liaison Service Customer Care Mon – Fri, 8am – 8pm
Tel: 0800 953 0045 Text: 07985 883 509 Email: pals@bsmhft.nhs.uk Website: www.bsmhft.nhs.uk



.Our Trust corporate strategy 2013-16 can be found on our website at

<http://www.bsmhft.nhs.uk/strategy/>

We provide a wide range of inpatient, community and specialist mental health services for service users from the age of 16 upwards. These services are located within our five service areas: North, East, West and Addictions; South and East Central and RAID; Solihull, Youth and Older Adults; Secure Services, Specialities and Offender Health; Specialist Psychological Services.

Together, these services include elements of rehabilitation, crisis and home treatment, assertive outreach, early intervention, addictions, day services and mental health wellbeing. We provide services on a local, regional and national basis and also manage delivery of all healthcare services at HMP Birmingham in Winson Green.

The Trust has one wholly owned subsidiary, Summerhill Supplies Limited. This commenced trading on 1 December 2012.

2. The Role

The role of the Non-Executive Director is to bring fresh perspectives to the Trust Board, bringing his or her wider experience and skills acquired outside the organisation to the benefit of the thinking and output of Board decision-making. As a member of a unitary Board there is a shared and collective responsibility amongst all Board directors for the overall strategic direction and performance of the Trust. All Board members are required to challenge, scrutinise and add value to proposals brought to Board and must satisfy themselves as to the appropriateness and integrity of the information that comes to Board. Board members are also responsible for satisfying themselves that effective controls and systems are in place to ensure good governance of the Trust and the Board is accountable, through the Non Executive Directors, to the Council of Governors

The Non-Executive Director is expected to:

1. Contribute to the development of Trust strategy and to the establishment of challenging objectives and performance targets;
2. Keep abreast of the changing service, policy and commercial context, both internal and external to the Trust;
3. Monitor the performance of the Trust and its Executive team, supporting them in the effective delivery of the strategy;
4. Be assured that the necessary resources are in place for the Trust to meet its objectives and plans;
5. Be assured that controls and information systems are in place to provide reliable and timely information to the Board about the financial performance and standing, the quality of services provided and the clinical performance of the Trust;
6. Chair or participate in Committees of the Board as required;
7. Chair Appointment Committees for Medical Consultant appointments;
8. Be assured that the Trust works within the terms of its authorisation and constitution;

9. Provide visible leadership within the Trust along with fellow Board members, investing time in visiting operational areas and engaging with staff and service users

Work closely with the Council of Governors, whose role it is to hold the Board to account through the Non Executive Directors.

Serving on Public Bodies

In accordance with our Licence from Monitor (who are our regulators), we are required to certify that no person who is an unfit person may become or continue as an Executive Director on the Board of Directors, except with the approval in writing of Monitor. See **appendix A** for further information.

Board members are also required to show commitment to the values of the Trust and to the Seven Principles of Public Life, as drawn up by the Committee on Standards in Public Life. These can be viewed at <http://www.archive.official-documents.co.uk/document/parlment/nolan3/7-prncpl.htm>.

3. Person Specification

Experience and Background

The successful candidate must have a demonstrable record of achievement at a senior level and experience of operating at Board level with an understanding of the issues surrounding a large complex organisation.

Personal Characteristics and Competencies

In addition to the above, the successful candidate must have:

VALUES

- A strong commitment to the NHS and interest in mental healthcare issues
- A high level of integrity with a strong sense of public responsibility as enshrined in the Nolan principals
- An appreciation of and commitment to the promotion of diversity and equal opportunities a commitment to ensuring that the diversity agenda has high priority in the organisation

KNOWLEDGE

- An understanding of the NHS and the external environment in which it operates
- An understanding of the Foundation Trust organisation and purpose
- An understanding of the challenges faced by our Service Users and their carers
- A strong understanding of finance, budgeting and control

SKILLS

- The ability to bring their own experience to bear on issues under discussion and be an open-minded strategic thinker;
- A very good judgement, coupled with the mental resilience to participate in making difficult evidence-based decisions;
- A management and leadership style in keeping with the BSMHFT Behavioural Profile.
- Demonstrable intellectual ability, coupled with commercial and political acumen;
- Excellent communication and interpersonal skills;

PERSONAL QUALITIES

- The ability to operate effectively as a member of the team, constructively challenge the opinions of others, work to achieve a shared consensus and accept collective responsibility and maintain confidentiality on issues raised;
- The ability to command the trust and respect of colleagues;
- The ability and willingness to spend time preparing for meetings and have demonstrable experience of reading and analysing complex papers and weighing evidence;

It is also desirable to have:

- Strong capabilities to act as an ambassador on behalf of the Trust;
- The ability to engage with and influence a range of stakeholders including the Council of Governors, Health Professionals, Local Authorities and community groups

The Selection Panel will, in the final analysis, also take into account the full range of candidates' achievements and experience to ensure the best balance of knowledge and skills on the Board and that the Board reflects the community it serves.

4. Requirements

The Trust is in the process of considerable change and works with a high level of ambition, drive and determination to ensure the organisation successfully works with and influences a wide range of stakeholders around the mental health and wellbeing agenda for the benefit of service users, their carers and families.

On this basis the role of a Non-Executive Director on the Board is one of very active participation and contribution at a time of significantly changing parameters, pressures and challenges. Candidates should only apply if they are attracted to the stimulation of working on a Board that is leading in this environment.

It is also expected that the successful candidate will either live in the area served by the Trust or have some substantial connection with the Birmingham and Solihull area and the communities living there and be in easy travelling distance of the Trust so that they can effectively exercise their duties.

Eligibility

A person is eligible to be appointed as a non-executive director of the Trust only if

- They are already or are willing to become a member of the Public Constituency upon appointment or
- They are a member of the Service Users' and Carers' Constituency, or

- He/she exercises functions for the purposes of a Medical or Dental School in a University included in any of the Trust's hospitals

A Governor of the Trust, if appointed as a Non-Executive or Associate Non-Executive Director, would have to resign as a Governor before taking up their appointment.

Time commitment and remuneration

The appointment of the Non-Executive Director will be for an initial term of 3 or 4 years. Appointments may be renewed at the end of the term of office. Reappointment will be subject to good performance, conduct and attendance. However, a degree of change is often sought on Boards and there should therefore be no expectation of automatic reappointment. The process to recruit, determine remuneration, review performance and potential re-appointments for Non-Executive Directors, is led by the Nominations and Remuneration Committee which discharges this duty on behalf of the Council of Governors.

Remuneration will be £10,000 for a time commitment of on average 3 to 4 days per month; reasonable travel and subsistence will be reimbursed. This will rise to £15,000 if the appointee becomes a full NED at a later stage

This is a part-time and Non-Executive post and non-pensionable. The post is not subject to the provisions of employment law. Directors are required to declare any conflict of interest that arises in the course of Board business and need to declare any political affiliations, relevant business interests, and positions of authority or other connections with commercial, public or voluntary bodies. These will be entered onto the register of Directors interests and published in the annual report with details of all Board members' remuneration from NHS sources.

5. Application

Letter applications should be received by June 30th 2015 sent to:

Deborah Lawrenson, Company Secretary
Birmingham & Solihull Mental Health Foundation Trust

Chief Executives Office,
Unit 1, B1 Trust HQ
50 Summer Hill Road
Ladywood
Birmingham
B1 3RB

Deborah.lawrenson@bsmhft.nhs.uk

Appendix A

CIRCUMSTANCES THAT WOULD DISQUALIFY CANDIDATES FROM CONSIDERATION FOR THE POST OF NON-EXECUTIVE DIRECTOR

The definition of an unfit person is (for the purposes of the Fit and Proper Persons test is:

(a) An individual;

- (i) Who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or
- (ii) Who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or
- (iii) Who within the preceding five years has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or
- (iv) Who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986;

The Trust must also comply with the Fundamental Standards of Care Regulations in relation to employing fit and proper persons for Board level appointments and therefore NEDs are required to confirm in writing if they have:

- Been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and
- Been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals

The guidance issued by the CQC is wider than just whether there is a criminal conviction, requiring a judgment as to whether the individual can be relied upon to do the right thing in the circumstances, which of course introduces a significant element of subjectivity.

Board members are also required to notify the Chairman in writing within 7 days of being or having:

- An undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
- The subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- A moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40);
- Made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- Included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
- Prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment;
- Been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.

All members of staff are required to comply with the regulations around Duty of Candour. To meet the requirements of the regulation, a provider has to:

- Make sure it has an open and honest culture across, and at all levels within, its organisation
- Tell patients in a timely manner when particular incidents have occurred
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigation that they will carry out
- Offer an apology in writing
- Provide reasonable support to the person after the incident